





804 N Western Avenue Sioux Falls, SD 57104-2098 Phone: 605-339-2071 605-339-1354

May 20, 2008

Mr. Chris Nelson Secretary of State State Capitol, Suite 204 500 East Capitol Avenue Pierre, South Dakota 57501-5070

Dear Mr. Chris Nelson:

An internal audit found that the SD Health Care Association PAC reports for 2007 and 2006 were incorrect. Not all entries of PAC contributions and disbursements were correctly recorded; all contributions were eligible.

Please accept SD Health Care Association PAC amended reports for 2007 and 2006 along with our 2008 report. Thank you.

Sincerely,

Mark B. Deak **Executive Director** Filed this

SECRETARY OF STATE

Campaign Finance Disclosure Statement State of South Dakota

RECEIVED MAY 2 2 2003

County, municipal and school candidates file in the office where you filed your nominating petit S.D. SEC. OF STATE Statewide PACs, political party, ballot question and other committees file statement with the Secretary of State's Office.

Mail to Secretary of State's Office, Election Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070, fax to 605-773-6580 or email to kea.warne@state.sd.us Fax and email images must contain the signature and the original must be filed in our office within one week following the date the fax/email was received.

date the fax/email was received.				
Check here if you are a legislative candidate filing a pre-primary or pre-general report and received and spent less than \$10,000. If so, you only need to complete all of page 1 and lines 2 and 7 on page 8 of this report.				
See pages 28-30 of the Guideline Boo	ok for specific instructions on completing this report.			
Name of Committee: SD He	ealth Care Association PAC			
Complete Street and Postal Address	s: 804 N Western Ave Sioux Falls, SD 57104			
Name of Person Making Report:	Sarah Ewing			
Daytime Phone Number: 605-33	39-2071 Evening Phone Number: 605-339-2071			
Email Address: sarahewing@sdhc	a.org			
If you are a candidate, what office are you seeking:				
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.				
Type of Campaign Statement: Pre-election, year-end, mid-year(for ball	ot questions only), amendment, supplement or termination			
The following verification must be of VERIFICATION OF PERSON MAK	completed before submitting report.			
any statement, amendment, or correcti	(type name), certify that I have examined this report and to the best correct and complete. I also understand that failure to timely file ion required subjects the treasurer responsible for filing to a civil ch day that the statement remains delinquent.			
Date: 20/2005 Revised June 2007 Ver 1.03	Signature of Treasurer			

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and enter this sum as unitemized contributions on the first line below. Any contribution of more than \$100 or aggregate during a calendar year from an individual and all contributions from political parties and PAC's must be entered as a separate item (itemized) giving the amount, name, residence address, city and state of the contributor. Any contribution from a federal political committee or political committee organized outside this state shall also include the name and internet website address of the filing office where the committee regularly files. Each type of contributor has their own section for itemization. This schedule may

Unitemized Contributions from Individuals: \$3,207.28

Itemized Contributions fr		
Name	Residence Address	Amount
Lori Peterson	Highmore Healthcare Center, 410 8th St. SE, Highmore, SD 57345	\$132.00
Judy Headley	Menno-Olivet Care Center 402 S Pine Menno, SD 57045	\$101.92
Myron Moore	Good Sam. Society 455 N. Dakota Ave. Corsica, SD 57328	\$112.32
Greg Miller	Lake Andes Healthcare, 740 Lake Street - PO Box 130, Lake Andes, SD 57356	\$150.00
Alecia Zaun	Faulkton Healthcare 1401 Pearl St. Faulkton, SD 57438	\$139.36
Mary Sateren	Fountain Springs AL, 2000 Wesleyan Blvd, Rapid City, SD 57701	\$200.00
Wylie Barnes	Aberdeen Health & Rehab, 1700 N Hwy 281, Aberdeen, SD 57401	\$228.80
Christina Kramp	Golden LivingCenter, 1015 E 3rd St, Redfield, SD 57469	\$150.00
John Larson	Bethany Meadows, 3008 E Aspen Blvd, Brandon, SD 57005	\$137.28
Leslee McCleelland	Wilmot Care Center, 501 4th Street, Wilmot, SD 57279	\$185.00
Michelle Juffer	Good Samaritan Society, 515 W Hwy 46, Wagner, SD 57380	\$120.00
		T.

Total of Itemized Contributions from Individuals:

\$1,656.68

Schedule A - Direct Contributions (continued)

Total Contributions from Political Parties: Itemized Contributions from South Dakota Political Action Committees (PAC's) or South Committees - All contributions must be itemized. PAC Name Address	\$0.0 Dakota Candidate Amount
remized Contributions from South Dakota Political Action Committees (PAC's) or South Committees - All contributions must be itemized.	Dakota Candidate
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ommittees - All contributions must be itemized.	
ommittees - All contributions must be itemized.	
	Amount
PAC Name Address	Amount
otal Contributions from South Dakota Political Action Committees and South Dakota Candidate Commit	

PAC Name	Internet Website Address	Amount
		· · · · · · · · · · · · · · · · · · ·
		2
tal Contributions from Federal and out-of-	I state Political Action and Candidate Committees:	\$0.
la Contributions nom rederar and out-or-	state i olitical Action and Caricidate Committees.	ψ0.
	Total of All Direct Contributions:	\$4,863.
Schedu	le B - In Kind Contributions	
1 H	and the second discountry of the second seco	lle die e le fee
	r services and the estimated fair market value. If the contri ttee organized ourside this state, list the name and interent arly files their campaign finance report.	
Description of Non-Cash Contribution	Name and Residence Address or Name and Internet Website Address	Estimated Val
	Total of In Kind Contributions:	\$0.
	Total of itt Kind Contributions.	φ0.

Itemized Contributions from Federal Political Action Committees or Political Action Committees and Candidate

Schedule C - Other Income

Use this schedule to report any refunds, rebates, interest earned, sale of property or other income which is not a direct contribution.

Source of Income	Description of Income	Amount
		
	Total:	\$0.00

Schedule D - Establishing and Administration of Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or soliciation costs of the political committee.

Organization Name and Categorical Description for Direct Funds	Estimated Value
	-
Total of Administration/Solicitation Costs:	\$0.00

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for **Contributions Made to Candiates and Committees Expenses** Name of Candidate or Committee Item **Amount** Amount Advertising Consulting Postage **Printing** Rent Salaries Telephone Travel Utilities Interest Paid Miscellaneous Other \$525.00 Other 1 Entry to Events

Total Expenditures:

\$525.00

Schedule F - Debts and Obligations Owed by Committee

This schedule is to report all of the committee's obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation. You must include the terms, interest rate and repayment schedule of each loan and the nature of each obligation.

Owed to - Lender's Name	Nature of Obligation or Terms of Loar	Street Address, City and State	Amount
			\$0.00
		-	
			t .
***************************************		Total Obligations:	\$0.00

Schedule G - Loans Owed to Committee

This schedule is to report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

Name of Recipient of Loan, Street Address, City and State	Amount of Loan Made During the Reporting Period	Amount of Loan Repaid During the Reporting Period	Balance of Loan at the End of the Reporting Period
Totals:	\$0.00	\$0.00	\$0.00

Net Loaned During Reporting Period:

\$0.00

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period.

1.	Amount on hand, if any, at the beginning of the reporting period	:	\$12,459.75
2.	Receipts		
	Schedule A - Direct Contributions	\$4,863.96	
	Schedule B - In-Kind Contributions	\$0.00	
	Schedule C - Other Income	\$0.00	
	Schedule D - Establishing/Administration of Committee	\$0.00	
	Total of all Receipts	\$4,863.96	
3.	Total Monetary Receipts		\$4,863.96
4.	Candidate's Personal Contribution to Own Campaign		\$0.00
5.	Monetary Loans to Candidate or Committee During Reporting Period		\$0.00
6.	Monetary Loans Repaid During Reporting Period		\$0.00
7.	Expenditures - Schedule E		\$525.00
8.	Debts and Obligations Owed by Committee - Schedule F \$	0.00	
9.	Monetary Loans Made by the Committee During the Reporting Period - Schedule G		\$0.00
10.	Monetary Loans Repaid to Committee During the Reporting Period - Schedule G		\$0.00
11.	Amount on hand at the close of this reporting period. *		\$16,798.71

^{*}Note: You cannot end the reporting period with a negative balance.

If you are a ballot question committee which received a contribution from an organization, please attach to this campaign finance disclosure statement, the Ballot Question Statement you received from the organization.